

**Application For Property Tax Exemption For Improvements  
To Commercial And Residential Buildings**

N.D.C.C. ch. 57-02.2

(File with the city assessor or county director of tax equalization)

**Property Identification**

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| 1. Legal description of the property for which exemption is claimed _____<br>_____ |
| 2. Address of Property _____   |
| 3. Parcel Number _____   |
| 4. Name of Property Owner _____ Phone No. _____                                    |
| 5. Mailing Address of Property Owner _____   |

**Description Of Improvements For Exemption**

|  |  |
|--|--|
| 6. Describe type of renovating, remodeling, alteration or addition made to the building for which exemption is claimed (attach additional sheets if necessary). _____<br>_____ |  |
| 7. Building permit No. _____   | 8. Year built (residential property) _____ |
| 9. Date of commencement of making the improvements _____   |  |
| 10. Estimated market value of property before the improvements   | \$ _____                                   |
| 11. Cost of making the improvement (all labor, material and overhead)  | \$ _____                                   |
| 12. Estimated market value of property after the improvements  | \$ _____                                   |

**Applicant's Certification And Signature**

|  |            |
|--|------------|
| 13. I certify that the information contained in this application is correct to the best of my knowledge. |            |
| Applicant _____  | Date _____ |

**Assessor's Determination And Signature**

|  |            |
|--|------------|
| 14. The assessor/county director of tax equalization finds that the improvements described in this application do <input type="checkbox"/> do not <input type="checkbox"/> meet the qualifications for exemption for the following reason(s): _____<br>_____ |            |
| Assessor/Director of Tax Equalization _____  | Date _____ |

**Action Of Governing Body**

|   |            |
|---|------------|
| 15. Action taken on this application by the governing board of the county or city:    Approved <input type="checkbox"/> Denied <input type="checkbox"/> |            |
| Approval is subject to the following conditions: _____<br>_____   |            |
| Exemption is allowed for years 20____, 20____, 20____, 20____, 20____.  |            |
| Chairperson _____   | Date _____ |